



AUTHORIZATION TO RELEASE INFORMATION

State Form 50667 (11-01)

INDIANA BOARD OF ACCOUNTANCY
INDIANA PROFESSIONAL LICENSING AGENCY
INDIANA GOVERNMENT CENTER SOUTH
302 WEST WASHINGTON STREET, ROOM E034
INDIANAPOLIS, IN 46204-2700

I, _____ having made application for licensing with the Indiana Board of Accountancy and desiring that they be informed of any personal records pertinent to my application, hereby authorize an investigation into all or any employment records, which may be of interest to them. This authorization includes, educational and employment records, whether privileged or not. This authorization to furnish information is executed in consideration of the Indiana Board of Accountancy giving my license application consideration and shall serve as a release of all liability to all parties furnishing such information to the Indiana Board of Accountancy and / or their authorized agents.

A photocopy of this release shall be considered as effective and binding as the original copy.

Signature of applicant

STATE OF _____
COUNTY OF _____ } SS

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Signature of Notary

Printed Name of Notary

My commission expires: _____

Notary resident of _____ County

**NOTARY
SEAL**